## WAGE DEDUCTION AUTHORIZATION FOR FEDERALLY ASSISTED PROJECTS

This form must accompan	ny the first payrol	ll report on which a deduction appear	s.
Project Name		Project Number	
Contractor Name			
	l Act. The contra	gulations provides for "anti-kickback' actor shall comply with the requireme	
Payments for the benefit of assisted projects as long a		eir families and dependents are permiss:	tted on federally
work is to be done; and	by the employee,	in writing, and in advance of the per	
EMI	PLOYEE CONS	SENT TO WAGE DEDUCTION	
I,	, authorize ti	uthorize the deduction(s) listed below from my wages:	
Purpose of Deduction	Amount	Frequency (Hr/Wk/Mo)	Time Frame (From-To)
	\$		
	\$		
	\$		
	\$		
Employee Signature		Social Security Number	Date
	(	City of Tempe	

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